

General Application Requirements

A. DEFINITIONS (34 CFR 303.5-303.21 and 303.23)

The State of Missouri has adopted the definitions in 34 CFR 303.5-303.24 of the Part C regulations and selected terms as defined in 34 CFR 77.1 and 74.3 for use in implementing the State's early intervention program.

Act (34 CFR 303.6)

As used in this part, Act means the Individuals with Disabilities Education Act (IDEA).

Children (34 CFR 303.7)

As used in this part, children means infants and toddlers with disabilities as that term is defined in Sec. 303.16.

Council (34 CFR 303.8)

As used in this part, Council means the State Interagency Coordinating Council.

Days (34 CFR 303.9)

As used in this part, days means calendar days unless otherwise noted. Developmental Delay (34 CFR 303.10):

1. the child, as measured by appropriate diagnostic measures and procedures emphasizing the use of informed clinical opinion, is functioning at half the developmental level that would be expected for a child considered to be developing within normal limits and of equal age. In the case of infants born prematurely, the adjusted chronological age should be assigned for a period of up to 12 months or longer if recommended by the child's primary medical home. The delay must be identified in one or more of the following areas:
 - a) cognitive development;
 - b) communication development;
 - c) adaptive development;
 - d) physical development, including vision and hearing;
 - e) social or emotional development;

Early Intervention Program (34 CFR 303.11)

As used in this part, early intervention program means the total effort in a State that is directed at meeting the needs of children eligible under this part and their families.

Early Intervention Services (EIS) (34 CFR 303.12)

- (a) General. As used in this part, early intervention services means services that --
- (1) are designed to meet the developmental needs of each child eligible under this part and the needs of the family related to enhancing the child's development;
 - (2) are selected in collaboration with the parents;
 - (3) are provided:
 - i) under public supervision,
 - ii) by qualified personnel, as defined in Sec. 303.21, including the types of personnel listed in paragraph (e) of this section,
 - iii) in conformity with an individualized family service plan, and
 - iv) at no cost, unless subject to Sec. 303.520 (b) (3), Federal or State law provides a system of payments by families, including a schedule of sliding fees; and,
 - (4) meets the standards of the State, including the requirements of this part.
- (b) Natural environments: To the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate.
- (c) General role of service providers. To the extent appropriate, service providers in each area of early intervention services included in paragraph (d) of this section are responsible for --
- (1) consulting with parents, , other service providers, and representatives of appropriate community agencies to ensure the effective provision of services in that area;

- (2) training parents and others regarding the provision of those services; and,
 - (3) participating in the multidisciplinary team's assessment of a child and child's family and in the development of integrated goals and outcomes for the individualized family service plan
- (d) EIS includes:
- 1) Assistive technology device means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities. Assistive technology service means a service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Assistive technology services include:
 - a) the evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;
 - b) purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
 - c) selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
 - d) coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
 - e) training or technical assistance for a child with disabilities or if appropriate, that child's family; and,
 - f) training or technical assistance for professionals (including individuals providing early intervention services) or other individuals who provide services to, or are otherwise substantially involved in the major life functions of individuals with disabilities.
 - 2) Audiology includes:
 - a) identification of children with auditory impairments, using at risk criteria and appropriate audiologic screening techniques;
 - b) determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;
 - c) referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment;
 - d) provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services;
 - e) provision of services for prevention of hearing loss; and
 - f) determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.
 - 3) Family training, counseling, and home visits means services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of a child eligible under this part in understanding the special needs of the child and enhancing the child's development.
 - 4) Health Services (See Section 303.13)
 - 5) Medical Services only for diagnostic or evaluation purposes means services provided by a licensed physician to determine a child's developmental status and need for early intervention services.

- 6) Nursing Services include:
 - a) the assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;
 - b) provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and,
 - c) administration of medications, treatments and regimens prescribed by a licensed physician.
- 7) Nutrition Services includes conducting individual assessments in:
 - a) nutritional history and dietary intake;
 - b) anthropometric, biochemical, and clinical variables;
 - c) feeding skills and feeding problems; and,
 - d) food habits and food preferences;
 - e) developing and monitoring appropriate plans to address the nutritional needs of children eligible based on assessment findings; and,
 - f) making referrals to appropriate community resources to carry out nutrition goals.
- 8) Occupational Therapy includes services to address the functional needs of a child related to adaptive development, adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings and include:
 - a) identification, assessment and intervention;
 - b) adaptation of environment, and selection and design and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and,
 - c) prevention or minimization of the impact of initial or future impairment, delay in development or loss of functional ability.
- 9) Physical Therapy includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include:
 - a) screening, evaluation, and assessment of infants and toddlers to identify movement dysfunction; and,
 - b) obtaining, interpreting, and integrating, information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems, and
 - c) providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.
- 10) Psychological Services include:
 - b) administering psychological and developmental tests, and other assessment procedures;
 - c) interpreting assessment results;
 - d) obtaining, integrating and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development; and,
 - e) planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training and education programs.
- 11) Service coordination services means assistance and services provided by a service coordinator to an eligible child and the child's family that are in addition to the following functions and activities as defined in 34 CFR 303.23.

- 12) Social Work Services include:
- a) making home visits to evaluate a child's living conditions and patterns of parent-child interaction;
 - b) preparing a social or emotional developmental assessment of the child within the family context;
 - c) providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents;
 - d) working with those problems in a child's and family's living situation (home, community, and any center where early intervention services are provided) that affect the child's maximum utilization of early intervention services; and,
 - e) identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.
- 13) Special Instruction includes:
- a) the design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;
 - b) curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's individualized family service plan;
 - c) providing families with information, skills, and support related to enhancing the skill development of the child; and,
 - d) working with the child to enhance the child's development.
- 14) Speech/Language Pathology includes:
- a) identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills;
 - b) referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills; and,
 - c) provision of services for the habilitation, rehabilitation or prevention of communicative or oropharyngeal disorders and delays in development of communication skills.
- 15) Transportation and Related Costs includes the cost of travel (e.g., mileage, or travel by taxi, common carrier, or other means) and related costs (e.g., tolls and parking expenses) that are necessary to enable a child eligible for the program and the child's family to receive early intervention services.
- 16) Vision Services means:
- a) evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities;
 - b) referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and,
 - c) communication skills training, orientation and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities.
- (e) Qualified personnel. Early intervention services must be provided by qualified personnel, including:
- (1) Audiologists;
 - (2) Family therapists;
 - (3) Nurses;
 - (4) Nutritionists;

- (5) Occupational therapists;
- (6) Orientation and mobility specialists;
- (7) Pediatricians and other physicians;
- (8) Physical therapists
- (9) Psychologists;
- (10) Social workers;
- (11) Special educators; and,
- (12) Speech and language pathologists.

Health Services (34 CFR 303.13)

As used in this part, health services means services necessary to enable a child to benefit from the other early intervention services under this part during the time that the child is receiving the other early intervention services.

The term includes:

- a) such services as clean intermittent catheterization, tracheotomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services, and
- b) consultation by physicians with other service providers concerning the special health care needs of eligible children that will need to be addressed in the course of providing other early intervention services.

The term does not include services that are:

- a) surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus); or
- b) purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose);
- c) devices necessary to control or treat a medical condition; or,
- d) medical-health services (such as immunizations and regular “well-baby” care) that are routinely recommended for all children.

NOTE: The Definition in this section distinguishes between the health services that are required under Part C of the IDEA and the medical-health services that are not required. The IFSP requirements under Part C provide that, to the extent appropriate, these other medical-health services are to be included in the IFSP, along with the funding sources to be used in paying for the services or the steps that will be taken to secure the services through public or private sources. Identifying these services in the IFSP does not impose an obligation to provide the services if they are otherwise not required to be provided under Part C of IDEA. (See Sec. 303.344(e) and note 3 following that section.)

IFSP (34 CFR 303.14)

As used in this part, IFSP means the individualized family service plan, as that term is defined in Sec. 303.340 (b)

Include; Including (34 CFR 303.15)

As used in this part, include or including means that the items named are not all of the possible items that are covered whether like or unlike the ones named.

Infants and Toddlers with Disabilities (34 CFR 303.16)

- (a) As used in this part, infants and toddlers with disabilities means individuals from birth through age two who need early intervention services because they:
 - (1) are experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas:
 - a) cognitive development
 - b) physical development, including vision and hearing;
 - c) communication development

- d) social or emotional development, or
- e) adaptive development, or
- (2) have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.

Multidisciplinary (34 CFR 303.17)

As used in this part, multidisciplinary means the involvement of two or more disciplines or professions in the provision of integrated and coordinated services, including evaluation and assessment activities in Sec. 303.322, and the development of the IFSP in Sec. 303.342.

Natural Environments (34 CFR 303.18)

As used in this part, natural environments means settings that are natural or normal for the child's age peers who have no disabilities.

Parent (34 CFR 303.19)

Parent means—

- 1) a natural or adoptive parent of a child;
- 2) a guardian;
- 3) a person acting in the place of a parent (such as a grandparent or stepparent with whom the child lives, or a person who is legally responsible for the child's welfare);
- 4) an educational surrogate who has been appointed in accordance with Sec. 303.406;
- 5) a foster parent consistent with Sec. 303.19(b).

Note: The federal regulations state the following in regard to a foster parent.

Foster Parent. Unless State law prohibits a foster parent from acting as a parent, a State may allow a foster parent to act as a parent under Part C of the act if –

- 1) the natural parents' authority to make decisions required of parents under the Act has been extinguished under State law; and
- 2) the foster parent
 - a. has an ongoing, long-term parental relationship with the child;
 - b. is willing to make the decisions required of parents under the Act; and
 - c. has no interest that would conflict with the interests of the child.

Policies (34 CFR 303.20)

(a) As used in this part, policies means State statutes, regulations, Governor's orders, directives by the lead agency, or other written documents that represent the State's position concerning any matter covered under this part.

(b) State policies include—

- (1) a State's commitment to develop and implement the statewide system (See Sec. 303.140);
- (2) a State's eligibility criteria and procedures (see 303.300);
- (3) a statement that provides that, subject to 303.520 (b) (3), services under this part will be provided at no cost to parents, except where a system of payments is provided for under Federal or State law;
- (4) a State's standards for personnel who provide services to children eligible under this part (see 303.361);
- (5) a State's position and procedures related to contracting or making other arrangements with service providers under Subpart F; and,
- (6) other positions that the State has adopted related to implementing any of the other requirements under this part.

Public Agency (34 CFR 303.21)

As used in this part, public agency includes the lead agency and any other political subdivision of the State that is responsible for providing early intervention services to children eligible under this part and their families.

Qualified (34 CFR 303.22)

As used in this part, qualified means that a person has met State approved or recognized certification, licensing, registration, or other comparable requirements that apply to the area in which the person is providing early intervention services.

Note: These regulations contain the following provisions relating to a State's responsibility to ensure that personnel are qualified to provide early intervention services:

1. Section 303.12 (a) (4) provides that early intervention services must meet State standards. This provision implements a requirement that is similar to a long-standing provision under Part B of the Act (i.e., that the State educational agency establish standards and ensure that those standards are currently met for all programs providing special education and related services.)
2. Section 303.12 (a) (3) (ii) provides that early intervention services must be provided by qualified personnel.
3. Section 303.361 requires statewide systems to establish policies and procedures related to personnel standards.

Service Coordination (34 CFR 303.23)

Service coordination means the activities carried out by a service coordinator to assist and enable an eligible child and the child's family to receive the rights, procedural safeguards and services that are authorized to be provided under the State's early intervention program.

Each child eligible under this part and the child's family must be provided with one service coordinator who is responsible for—

- i. coordinating all services across agency lines, and
- ii. serving as the single point of contact in helping parents to obtain the services and assistance they need.

Service coordination is an active, ongoing process that involves—

- i. assisting parents of eligible children in gaining access to the early intervention services and other services identified in the individualized family service plan;
- ii. coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided;
- iii. facilitating the timely delivery of available services; and,
- iv. continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility.

Specific service coordination activities include—

- i. coordinating the performance of evaluations and assessments;
- ii. facilitating and participating in the development, review, and evaluation of individualized family service plans;
- iii. assisting families in identifying available service providers;
- iv. coordinating and monitoring the delivery of available services;
- v. informing families of the availability of advocacy services;
- vi. coordinating with medical and health providers; and,
- vii. facilitating the development of a transition plan to preschool services, if appropriate or other services.

Qualifications of service coordinators: Service coordinators must be persons who, consistent with Section 303.344 (g), have demonstrated knowledge and understanding about infants and toddlers who are eligible under this part, Part C of the Act and the regulations in this part; and, the nature and scope of services available under the State's early intervention program, the system of payments for services in the State, and other pertinent information.

Sec. 303.25 EDGAR definitions that apply.

The following terms used in this part are defined in 34 CFR 77.1

- Applicant
- Award
- Contract
- Department
- EDGAR
- Fiscal year
- Grant
- Grantee
- Grant period
- Private
- Public
- Secretary

B. LEAD AGENCY (34 CFR 303.142, 303.143 and 303.500)

The Department of Elementary and Secondary Education (DESE) is the lead agency responsible for ensuring the provision of early intervention services to eligible infants and toddlers with disabilities and their families consistent with 20U.S.C. 1471 et seq., and 34 CFR Part 303. The Department of Elementary and Secondary Education, as the lead agency, is the entity responsible for assigning financial responsibility among appropriate agencies.

The Department is responsible for ensuring that the minimum components of a statewide system of early intervention services for eligible infants and toddlers and their families, as required by the United States Department of Education is established and maintained in the state. The minimum components, identified in 20 U.S.C. 1476 and 34 CFR 303, include the following:

- a) A state definition of developmentally delayed
- b) A central directory of information relating to early intervention services, resources, experts, and research and demonstration projects available in the state
- c) A public awareness program
- d) A comprehensive child find system
- e) Evaluation and assessment procedures
- f) Development, review and evaluation of IFSPs and service coordination
- g) A comprehensive system of personnel development
- h) Development and implementation of personnel standards
- i) Development and implementation of procedural safeguards
- j) General administration, supervision, and monitoring of the early intervention system
- k) Procedures for resolving complaints
- l) Policies and procedures related to financial matters, including the following:
 - a. the identification and coordination of all resources in the state available for early intervention services
 - b. the timely reimbursement of funds provided by the United States Department of Education for early intervention services
 - c. the assignment of financial responsibility among the participating agencies
- m) Interagency agreements for resolution of disputes
- n) Policies for contracting or otherwise arranging for services

- o) Data collection on the numbers of infants and toddlers with disabilities and their families in the state
- p) Policies and procedures that ensure that to the maximum extent appropriate, early intervention services are provided in natural environments; and the provision of early intervention services for any infant or toddler occurs in a setting other than a natural environment only when early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment.

The State of Missouri assures that a current IFSP is in effect and implemented for each eligible child and the child's family (34 CFR 303.167).

C. STATE INTERAGENCY COORDINATING COUNCIL (SICC)

Establishment and Composition (34 CFR 303.600 303.601)

The Governor of the state appoints the State Interagency Coordinating Council (SICC). In making an appointment to the Council, the Governor ensures that membership of the Council reasonably represents the population of the State and meets the requirements as specified in CFR 303.601. The chairperson is designated by the Council and does not represent the lead agency. Parents who are selected to serve on the council may not be employees of any agency involved in providing early intervention services.

Meetings (34 CFR 303.603)

The SICC meets at least quarterly. To comply with Missouri's Open Meetings Law, all meetings are generally announced at least one week in advance and at a minimum of 24 hours in advance at the location of the meeting, as well as at DESE. These procedures ensure that meetings are announced sufficiently in advance to ensure attendance and that they are open and accessible to the public. Interpreters for persons who are deaf and other necessary services for both SICC members and participants are provided as requested. The lead agency uses Part C funds to pay for these services.

Use of Funds by the Council (303.602)

Subject to the approval by the Governor, the Council may use funds under this part--

- (1) to conduct hearings and forums;
- (2) to reimburse members of the Council for reasonable and necessary expenses for attending Council meetings and performing Council duties (including child care for parent representatives);
- (3) to pay compensation to a member of the Council if the member is not employed or must forfeit wages from other employment when performing official Council business.
- (4) to hire staff; and,
- (5) to obtain the services of professional, technical, and clerical personnel, as may be necessary to carry out the performance of its functions under this part.

Compensation and expenses of Council members

Except as provided in items 2 and 3 above, Council members shall serve without compensation from funds available under this part.

Conflict of Interest (34 CFR 303.604)

No member of the Interagency Coordinating Council may cast a vote on any matter that would provide direct financial benefit to that member or otherwise give the appearance of a conflict of interest.

Functions (34 CFR 303.650-303.654)

The functions of the Interagency Coordinating Council are to:

- 1. advise and assist the lead agency in the development and implementation of policies that constitute the statewide system;

2. assist the lead agency in achieving full participation, coordination, and cooperation of all appropriate public agencies in the state;
3. assist the lead agency in the implementation of the statewide system by establishing a process that includes:
 - a) seeking information from service providers, service coordinators, parents, and others about any Federal, State, or local policies that impede timely service delivery; and
 - b) taking steps to ensure that policy problems identified under 3. a. above are resolved;
4. to the extent appropriate, assist the lead agency in the resolution of disputes; and,
5. to strengthen service integration for both infants and toddlers with disabilities and at-risk infants and their families, regardless of eligibility status.

The Council advises and assists the lead agency in the performance of their responsibilities for the:

1. appropriate services for children ages 0-5 inclusive, including transitional services to preschool
2. and other appropriate services;
3. identification of sources of fiscal and other support for services for early intervention services;
4. assignment of financial responsibility to the appropriate agency; and,
5. promotion of interagency agreements under 34 CFR 303.523.

The Council advises and assists the lead agency in the preparation of applications and amendments to applications under Part C. The Council also advises and assists the lead agency (SEA) regarding the transition of toddlers with disabilities to services provided under Part B of the IDEA or to preschool and other appropriate services.

The Council advises appropriate agencies in the State with respect to the integration of services for infants and toddlers with disabilities and at-risk infants and toddlers and their families, regardless of whether at-risk infants and toddlers are eligible for early intervention services in the State.

The Council prepares an annual report to the Governor and to the Secretary of the US Department of Education on the status of early intervention programs operated in the State and submits this report to the Secretary on the date established by the Secretary. Each annual report contains information required by the Secretary for the reporting year.

D. PUBLIC PARTICIPATION

The Missouri DESE uses the following methods to make the Part C application available for comments to the public, including individuals with disabilities and parents of children with disabilities.

1. Advertisement in newspapers.
2. A general news release from the DESE's Office of Public Information to the state's newspapers, radio stations, television stations, and other points of information dissemination. The news release includes notice of the state's intent to submit a Part C application, the availability of the application for review, the date of public hearings, and procedures for submitting written comments about the application.
3. Public hearings.
4. Posting the proposed plan on the Internet.
5. Electronic mail.

E. EQUITABLE DISTRIBUTION OF RESOURCES

Contractual arrangements with early intervention providers ensure that early intervention services are provided to eligible children when there is no other federal, state, private, or local source of payment. These monies expand and provide services that are otherwise unavailable.

Early intervention services, specialized services and/or discretionary projects are funded through the state of Missouri's rules for purchasing. These rules involve adequate notification to the public that services are sought and submission procedures.

F. TRANSITION TO PRESCHOOL PROGRAMS (34 CFR 303.148)

The State of Missouri has developed the following policies and procedures to ensure a smooth and effective transition from Part C (First Steps) services to Part B (local school district) services for children with disabilities at age three.

Six months prior to the child's third birth date, the Part C service coordinator will convene an IFSP meeting to discuss the transition process with the parents and other team members in order to develop a transition plan. At this time, the team documents the steps to be taken to transition to the public school and/or other services as appropriate. If the parent agrees, local district special education personnel must attend this IFSP meeting.

If the parent agrees to determine if their child is eligible for special education and related services under Part B of IDEA, the Part C service coordinator shall obtain release(s) of information to the public school at this meeting to ensure the timely receipt by the school district. Any information that will assist the district in determining the child's eligibility and programmatic needs should be considered for release. That information should include at a minimum, the following:

- A. child and parent name, address, and phone number, and the student's birth date;
- B. current copy of the entire IFSP which includes present levels of functioning, early intervention services, and transition plan;
- C. all evaluations that have occurred in the previous year, and if not contained in the child's record, where the information can be obtained; and
- D. any written reports from service providers within the last year.

Upon receipt of the information, local districts must provide written notice to the parent. The evaluation team members will review the existing data to determine if there is a need for additional tests in order to determine eligibility. Local districts are required to provide special education and related services to eligible children as identified in the IEP as of the child's third birth date unless the birth date occurs during a normal vacation period for the public school. The district can document that it has made a diligent effort to complete the evaluation and IEP process, but despite that effort, was unable to do so within time lines. IEPs developed in the spring or summer may identify the implementation date as the first day of school in the fall.

Part B eligible children whose third birth dates are May through August may continue in the First Steps program until the initiation of their local district's school year in the fall.

Eligible children whose third birth dates are April 1 through May 1 may either transition to Part B services before the end of the current school year or continue services in First Steps until the initiation of their local district's school year in August/September. This discussion is part of the transition conference. Children who enroll in the local school district for the remainder of the school year must be considered for Extended School Year as required by Part B of the Individuals with Disabilities Education Act.

Financial support for early intervention services that are provided after the child's summer third birth date are as follows:

Early intervention services that were financially supported prior to the child's third birth date by Part C funds will be paid by the Department of Elementary and Secondary Education (DESE) after the child's third birth date. Through interagency agreements, the departments of Mental Health and Health will invoice the Department of Elementary and Secondary Education for eligible early intervention services in September of each year.

If local district policy allows, eligible children whose third birth dates occur during September may receive services under Part B at the beginning of the district's school year.

Notification Procedures

The Department of Elementary and Secondary Education, lead agency, assures that school districts of children in the Part C system are notified of children transitioning from that system according to the notification schedule outlined below.

Local districts are responsible for contacting families to discuss the eligibility and transition process. Documentation of contacts (phone calls and/or meeting dates) should be kept for verification of time lines. With the family's cooperation, a contact must occur at least 120 days prior to the child's third birth date. The purpose of the contact is to explain the process the district will complete to determine the child's eligibility for services under Part B of IDEA and, if eligible, the steps that will be necessary to assure the provision of service on the child's third birth date unless the birth date occurs during a routine school break.

The following schedule is used by all Part C agencies to notify local districts and parents of children participating in Part C program.

DATES LEAS ARE NOTIFIED BY RESPONSIBLE PART C AGENCY	FOR STUDENTS THAT TURN THREE DURING	NUMBER OF MONTHS FOR EVALUATION AND IEP DEVELOPMENT PROCESS
January 1	June	5
February 1	July	5
March 1	August	5
April 1	September, October, November	5, 6, 7
July 1	December	5
August 1	January	5
September 1	February	5
October 1	March	5
November 1	April	5
December 1	May	5

G. ADOPTION OF POLICY ON STATEWIDE SYSTEM (3 CFR 303.140 (a) (b))

The Department of Elementary and Secondary Education, as lead agency, assures that the State's early intervention system is in effect, and that appropriate early intervention services are available to all eligible infants and toddlers with disabilities in the State and their families.

Part C does not apply to any child with disabilities receiving FAPE with funds under Section 619 of Part B of IDEA in the state of Missouri.

H. TRADITIONALLY UNDERSERVED GROUPS (CFR 303.128)

The State ensures that traditionally underserved groups, including minority, low income and rural families are meaningfully involved in the planning and implementation of all requirements of Part C. This is achieved through participation on the SICC and local interagency coordinating councils as well as through the delivery of services.

The State also ensures that these families have access to culturally competent services within their local geographical areas. This is achieved through provider recruitment and training.

I. SERVICES TO ALL GEOGRAPHIC AREAS (CFR 303.147)

Early intervention services are provided through contractual arrangements. Early intervention providers cover all geographic areas of the state.

J. ANNUAL PERFORMANCE REPORT (EDGAR 80.40 (b))

The Lead Agency submits its annual performance report to the Office of Special Education Programs and the Governor.

K. ANNUAL DATA COLLECTION REPORT

The State ensures that the Annual Data Collection Report is submitted to the Office of Special Education Programs, Department of Education.

L. GENERAL EDUCATION PROVISIONS ACT (GEPA)

The State ensures equitable access to and participation in Part C.